

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX EC/IR II				REPORT #3	
Complete this report at the time o	f the regular month	nly preventive main	tenance check (not	to exceed 35	
days). Complete this report whenever					
into service. Retain the original a	and send a copy wit	thin 15 days to the	Breath Alcohol Pr		
12690	BLUE SPRINGS PO	ነኒፒሶው ከወወጥ	12/01/2014		
LOCATION OF INSTRUMENT (STREET AND CITY	<u></u>	OBICE DEFI	TIME OF INSPECTION		
1304 W. MAIN ST. BLUE SPRINGS,			18:54 CST		
CHECKLIST: Place a mark in the box		ound to be satisfact	1	ng within	
established limits. (Write in obser					
before using instrument.		· · · · · · · · · · · · · · · · · · ·			
X DIAGNOSTIC RECORD					
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP	X FCB CHECK				
X DET TEMP	·	X CRC COMP CHEC	TK .		
X BT TEMP	<u></u>				
X STD 2 TEMP					
Normania .		X PRINT TEST			
х етн снеск	·				
BREATH ANALYZER ACCURACY STANDA	RDS				
			CHANOL-GAS MIXTU	RE	
	meters	LOT# AG324802	EXP.	DATE 09/05/2015	
SIMULATOR TEMP (34°C ±0.2°C)	SIMUL	ATOR S/N	SIMULATOR EXP	DATE	
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO I	BE USED PER MAINT	ENANCE REPORT)		
Run three tests using a standa				k of the standard value	
and must have a spread of .00	5 or less. Mark	the box correspo	nding to the sta	andard solution being	
used. (PRINTOUT ATTACHED)		, , , , , , , , , , , , , , , , , , ,			
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AN	ND 0.105% INCLUSI	VE		
0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE					
0.04% STANDARD - MUST READ I	BETWEEN 0.038% AN	ND 0.042% INCLUSI	VE		
TEST 1 * 0.100 g/210L	TEST 2 19 0.100	g/210L	TEST 3 🖘 0.100) g/210L	
INDICATE THE NUMBER OF BREATH TH	STS IN THE FOLLO	WING RANGES SINC	E THE LAST MAIN	TENANCE REPORT:	
REFUSALS 6 004 22	.0509 0	.1014 1	.1519 2	OVER .19 3	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTER SATISFACTORILY AND WITHIN ESTABLISHED LIM	ATION OR MODIFICATION	THAT WAS MADE TO RES	TORE THE INSTRUMENT	TO OPERATE	
ONTIONACIONIEL AND WITHIN ESTABLISHED HIM	TIS (OSE OTHER SINE I	ir wacessari).			
MEETS DOH STANDARDS					
				ļ	
INSPECTING OFFICER					
SIGNATURE Quil 1		PRINT FULL NAME			
TYPE II PERMIT NUMBER JEXPIRAT	ION DATE	GONDRAN, RONAL	ıD		
230185 09/04		(816) 228-0151			
		, 0.0 , 220 0131			
RETURN COMPLETED REPORT TO					
Breath Alcohol Program, Misso				s,	
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901					



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 9-Sep-2013

Lot # AG324802

Exp. Date 5-Sep-2015 Cyl. Type 108 Component

Certified Concentration

Ethanol Nitrogen

0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52,22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2013.09.09 13:39:42 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Norl Marsola Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01